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Letter to the Editor

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Letter: Evaluation of the frequency of hepatitis B virus reactivation and the importance of hepatitis B prophylaxis in hematology patients receiving immunosuppressive therapy: a single-center study

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Dear Editor,

We are writing to express our appreciation for the recent publication in the Journal of Current Hematology & Oncology Research titled "Evaluation of the frequency of hepatitis B virus reactivation and the importance of hepatitis B prophylaxis in hematology patients receiving immunosuppressive therapy: a single-center study" by Doğan et al.[1] As gastroenterologists, we find this work particularly valuable as it highlights the importance of hepatitis B virus (HBV) prophylaxis in patients undergoing immunosuppressive therapy, which is a vital concern in gastroenterology practice as well.

This study underscores the significant reduction in HBV reactivation rates through consistent prophylactic antiviral treatment in hematology patients. Notably, HBV reactivation rates in patients receiving immunosuppressive agents, including chemotherapy and Rituximab, can vary from 4% to 86%, depending on HBV status and treatment intensity.[2] Such variability underscores the necessity of routine HBV screening and prophylaxis before starting immunosuppressive therapy, particularly for patients who are at increased risk.

However, as reported in the literature, the risk of HBV reactivation extends beyond hematology and affects patients across specialties including oncology, dermatology, rheumatology, and gastroenterology, where immunosuppressive agents are increasingly utilized. Immunosuppressive therapy, particularly with agents such as anti-TNF and other biologics, has been associated with HBV reactivation rates of up to 16% in patients with previously resolved HBV infection in these fields.[3] This emphasizes the broader applicability of prophylactic measures across diverse clinical practice areas to mitigate the complications associated with HBV reactivation.

Moreover, atypical serological profiles should be considered in high-risk patients. These profiles could be found as dual positivity for HBV surface antigen and antibody, dual positivity for HBV "e" antigen and antibody, isolated surface antigen or core antibody (IgG) positivity.[4] As carefully taken into consideration in the study by Doğan et al.[1] we would like to emphasize the importance of broader serological workup in order not to overlook such patients.

While the findings of this study are promising, the limited patient population from a single center suggests that further research with larger, multicenter cohorts would provide more robust and generalizable data. Such multicenter research would also offer a clearer understanding of HBV reactivation risks across diverse healthcare settings, enhancing the reliability of these findings for broader clinical practice.

In conclusion, we commend the authors for their contribution to advancing knowledge on HBV prophylaxis in immunosuppressed patients and hope that these findings encourage proactive screening and prevention measures across medical practice areas.

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The authors have no conflicts of interest to declare.

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Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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